# **Questions and Answers**

#### **Sept 2015 - Monthly Provider Support Call Summary**

\*\*Please share with your case managers and administrative staff or other employees.\*\*

Each month the WDH-Behavioral Health Division holds a monthly provider support call to let providers know what is going on and give additional clarification on items that have been released. The next call is Monday, October 26th at 2 pm.

### **CALL TOPICS & SUMMARY**

### **Position updates - Jamie**

Tammy Arnold is the new Participant Support Unit manager replacing Rory Schiffbauer who was the former manager. She has worked for the state for nearly five years and has been the Division's Participant Support Working Manager for the past two years. She has her Master's in Public Administration and in Business Administration and is a certified Public Manager as well.

We also want to announce that Julie Newlin (<u>Julie.Newlin1@wyo.gov</u>) is the new Provider Support Unit manager and she comes to us from the Public Health Division where she was the Communicable Disease Program Manager. Julie has a bachelor's of social work from the University of Wyoming and is currently working on her Master's in Public Administration. Her background is in case management, personnel management and grant management.

## **Reenrollment with Medicaid**

The Division presented several times over the past year the new requirement that all Medicaid providers must reenroll with Medicaid using the new electronic process by December 31, 2015. This includes all HCBW providers. Beginning with recertifications in September 2014 and continuing through August 2015, provider support specialists have been sending approval letters to providers after their recertification has been completed, and any QIP has been accepted, to inform of this new requirement. By now, all providers should have received their approval letter. If you have not received your re-enrollment letter, please contact your assigned Provider Support Specialist and one will be sent to you.

As of this month, only 285 of the 833 active providers have completed the online re-enrollment as required. Please remember that if the re-enrollment is not completed by December 31, 2015 you will no longer be an active provider of waiver services.

During this process, Division staff will not be allowed to help a provider fill out the online enrollment due to the enrollment being a legal document. However, Xerox has created tutorials on their website to assist providers with the enrollment process and have suggested providers view the tutorial and the Frequently Asked Questions prior to beginning the re-enrollment process. Any questions that you may have on completing the enrollment application should be answered by following the tutorials The website is to access the tutorial is: http://wvmedicaid.acs-inc.com/aca\_reenrollment.html

#### **PPL Self Direction of Services**

The Division would like to remind Case Managers that for participants who are self-directing we will be reviewing usage and for those people who have not utilized their budget in over 90 days we will be sending out letters to the participants and their guardian letting them know that they may not be able to continue to self-direct services if they are not utilizing them.

## **Provider HCB Setting Transition Plan Reminder!**

Home and Community Based Settings (HCBS) transition plans are due no later than October 1 2015. Any provider that has not submitted a plan to the Division will be issued corrective action. The purpose of the HCBS transition plan is to ensure that each provider has a plan with milestones to transition to the new rule by October 1, 2018.

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If the Division sent you a "HCBS Final Report", you **must** submit a transition plan to the Division. The Division sent final reports to all providers who had settings that were **controlled**, **owned**, **and operated** by providers in which individuals receive home and community based services. These services included:

- Adult Day Services.
- Provider owned business,
- Group work center,
- Enclave/small group supported employment,
- Any residential habilitation setting,
- Supported living setting, which the provider owns, operates, or controls.

If you provide one of these services and did not receive a final report, contact the Division immediately. If you need another copy of your final report, contact the Division immediately.

## What Should I Include in my transition plan?

Transition plans will address any area of non-compliance within the final report. Providers do not need to address areas which were marked "in compliance", and providers that were compliant in all areas do not need to send a report. The Division has attached a transition plan template with this notice and with the provider support call notes. The Division encourages providers to use this template; however, providers may produce a transition plan of their own. The transition plan must include:

- The general strategy for coming into compliance within the area
- The date of implementation of the strategy
- An explanation of how the provider will evaluate and amend their strategy if needed,
- The date that the provider will submit evidence that they have come into compliance.

In some cases, or in some areas, providers needed only to submit additional documentation to the Division. For these, the provider should still have the general strategy for coming into compliance within the area, and the date of submission of evidence to the Division.

#### What will the Division due with these transition plans?

The Division will evaluate all transition plans to ensure that the provider's plan to come into compliance with the new HCB rule is sufficient. The Division will approve plans, and then enter the plan and its milestones into a tracking database to assist the provider during the transition period and ensure that the provider's plan is met. Some transition plans may not be approved, in which case they will be sent back to the provider by **October 31**, 2015 with suggested revisions. Providers will not be penalized if the Division sends the report back with suggested revisions.

#### **MAT training requirements**

We have providers circumventing the required MAT training so we want to be sure that we address the problem and prevent further acts of noncompliance with this training. We have had people contacting a nurse to monitor them assisting with medications, then signing off on a form. This form has been slipped under Paul's office door. The staff that were monitored were not MAT trained and were under the assumption that this was sufficient to replace MAT training. Apparently they had heard it from others as well. MAT training is required for anyone assisting with medications.

As a reminder, the only medication assistance training we accept is what is offered by the Division at scheduled trainings or through training offered by Division certified trainers. Providers must register online for classes on the DD website.

#### **ICD/10**

On August 21, 2015, Wyoming Medicaid officially closed all end-to-end provider testing to prepare for its upcoming implementation of ICD-10. The close of testing in August officially ended the State's four (4) months of open provider testing, and several years of internal system preparation. In addition to provider submitted claims,

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the State also processed nearly five hundred (500) internal claims against policies and reimbursement methodologies impacted by the transition to ICD-10. Nearly all small practices and independent clinicians who registered for ICD-10 testing and were using Medicaid's Web Portal for claim submission opted not to submit test claims. While the system itself has been tested for compliance, each provider's ability to code under the new system to the level of specificity required for payment is unknown.

### Important information for waiver providers:

- There is an edit in place in MMIS if providers are using the web portal for billing which will not require an entry for the diagnosis code – this has not changed from the ICD- 9 billing practices.
- If providers are using a third party billing entity or a proprietary internal software system for billing those waiver providers will need to follow up with the participant's primary physician to obtain the appropriate diagnosis code.
- DD staff will not have the information regarding diagnosis codes, so if there are other questions regarding billing, please contact Xerox Provider Relations at 800-251-1268
- Dates of service prior to 10/01/15 MUST be billed with an ICD-9 diagnosis code if billing through a third party vendor.
- Dates of service after 10/1/15 must be billed with an ICD-10 diagnosis code if billing through a third party vendor.

Regarding entry of diagnosis codes in EMWS for reference on LT104 and Psych Evals:

- The programmers have taken the current ICD-9 code and where there is a clear map to an ICD-10 code, the system automatically updated the information.
- Where there is a not a clear map to the ICD 10, we ask the end user to choose the ICD-10 code from a drop down menu of available codes that you will see when you log in to a specific case. There is a message on the case that lets the case manager know an ICD-10 code needs to be selected. The updated can happen on the main case scree or on the diagnosis page.
- As soon as the new ICD-10 code is selected it is updated on the case and the message on the case goes away.
- Going forward only ICD-10 codes populate the drop downs for selection.
- A history will be maintained in individual cases of the ICD-9 codes were so that information can be accessed if needed.
- If a diagnosis code is not on the drop down, please contact the EMWS Help Desk at emwshelpdesk@wyo.gov and a request will be made to enter the new code.

## **Person-Centered Thinking training opportunity**

The Division is sponsoring a Person-Centered Thinking training in Cheyenne at the CenturyLink building on October 7 & 8 from 9:00 a.m. - 4:30 p.m. This training is free, but space is limited. The trainer is from Support Development Associates and he got rave reviews at the training in June!

This 2 day training will assist attendees with:

- What is important to and what is important for a person and finding the balance in between
- Core responsibilities for those who provide support when judgement and creativity is expected and what is outside the responsibility of paid staff
- What makes sense/what doesn't make sense
- Matching people who receive supports
- Key principles of person-centered thinking
- And much, much more!

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Case managers, direct support staff, administrators, front line supervisors, directors, peer specialists, etc should attend this important training.

Look for the email from Jessica.fancher2@wyo.gov to register.

## **MEGA Conference**

Mega is taking place this year in Cheyenne, Wyo at Little America on October 8 & 9. Great speakers are lined up who have transformed their organization from facility based services to full community life. Scholarships are still available for people with disabilities to attend.

#### **EMWS HELP DESK**

The Division implemented a new help desk to assist with issues in EMWS. The help desk and the help desk phone and email opened on September 1, 2015. Please continue to work with your local PSS initially to try and resolve the issue. If the issue cannot be resolved please call or email the help desk. The help desk phone line will be available from 8:30 -11:30 Monday through Friday. To email the help desk please use the following email address: emws-helpdesk@wyo.gov. Use the naming convention in the subject line when you send an email (SC.Doe.Jan: Error). Please send screen shots of the error or issue so that we can get a clear idea of the issue. To call the help desk please use the following phone number: 307-777-8584. They will respond to your email or phone call within 2 business days.

Please do not email or call the help desk with billing issues. Xerox has asked that CM's contact them directly regarding billing problems. The phone number for Xerox is <u>1-800-251-1268</u>

# Wyoming is now a part of National Core Indicators!

Along with 43 other states, Wyoming will participate in the National Core Indicators (NCI) annual consumer survey from July 1, 2015 to June 30, 2016. The Behavioral Health Division (BHD) partnered with the Wyoming Governor's Council on Developmental Disabilities (WGCDD) to bring this opportunity to Wyoming. This project consists of face-to-face interviews with a randomly chosen sample of adults with developmental disabilities who receive services from the BHD waiver as well as mail-out surveys to family members or guardians of a randomly chosen sample of people with developmental disabilities who receive services from BHD Waivers.

The National Core Indicators is a voluntary effort by public developmental disabilities agencies to track their own performance. Using "core indicators", the project measures across states to assess outcomes of services provided to individuals and families. Core indicators measure important outcomes in the areas of employment, rights, service planning, community inclusion, choice, and health and safety. The project is a combined effort of the Human Services Research Institute and The National Association of State Directors of Developmental Disabilities Services.

#### Is this the same as the BHD representative sample case reviews?

The interviews that BHD staff conducted the last few years for the representative sample case review will be replaced with the NCI interview questions. BHD Staff will still review the plan of care implementation by reviewing case manager notes, claims, complaints or incidents, and doing any follow up necessary.

#### Will funding or services be changed based on an interview?

The BHD interviewers will keep the participant's information and responses private. If a concern is communicated regarding services that the interviewer feels BHD needs to follow up on, the interviewer will ask permission. A participant will not lose any waiver services or funding, nor will he or she get any new services because of talking to the interviewer. This interview is to give us information that will help us know what is working well and what isn't working well during waiver services. It will also provide information for BHD to improve the services provided on the waiver and help us compare Wyoming to other states.

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### **Variance Reporting**

The Variance Reporting system will not duplicate or replace current incident reporting or management systems nor will it remove the provider's responsibility or liability to provide services per the person's plan of care. It is an additional report similar to internal incident reporting. This process must be implemented by providers between August 27, 2015 and November 30, 2015. Please read through the bulletin that was sent, which is also available on our website.

### Rate rebase update

The rate rebasement project is wrapping up and the interagency team with the Department of Health will be working with Navigant on finalizing the rates to be presented to the legislature for approval.

### **Case Manager Issues with PPL**

The Division would like to remind all case managers that when contacting Division staff with problems reported to PPL where Division assistance is needed, please provide the participant's name and the employee name if applicable along with the pertinent details of the issue. This will assist Jennifer Adams, our PPL point person, in resolving the problem in a timely manner.

## **ABI** waiver transition to Comprehensive

The ABI waiver participants are not approved to go on the Comprehensive Waiver yet, so until further notice, the plans must be renewed on the ABI waiver.

Next call is Monday Oct 26 at 2 pm.

**Monthly Support** call notes website: are posted to our http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html

Thank you for reading and for making time to call in each month!